**INSTRUCTIONS FOR COMPLETION OF THE EMPLOYEE DISCIPLINARY NOTICE**

* To enter **text**, you must click in the boxes that say *“Click here to enter text.”* To **edit** text, you must click your mouse directly in the text you wish to edit.



* For each section, please include the details described below:
	+ **Summary of Incident and Unacceptable Behavior/Performance:** Include a detailed summary of dates, timelines, and witness statements where applicable
	+ **UAMS and/or Departmental Policies, and Specific Policies or Guideline(s) Violated:** Name the policy or guidelines violated including the specific section(s) of the policy
	+ **Adverse Impact(s) to Department/Organization:** Describe the adverse impact to UAMS or the Department
	+ **Expectations for Future Behavior/Performance:** Outline what is expected of the employee in the future
	+ **Prior Disciplinary Actions Taken:** List all ***RELATED*** disciplinary actions, if any
	+ **Consequences for Future Violations:** Outline consequences for subsequent violations

**\*\*** **If a section does not apply to your employee, insert N/A.**

* If you have additional questions on how to complete the form, please call Employee Relations at 526-6462 for assistance.

# UAMS logoEMPLOYEE DISCIPLINARY NOTICE

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Date** |  |
|  |  |  |  |
| **Employee Name** |        | **SAP Number** |  |
|  |  |  |  |
| **Work Number** |  | **Employee’s Position** |  |
|  |  |  |  |
| **Department Name** |        |  |

### Please check the appropriate box or boxes:

**[ ]  ORAL WARNING (Remains in dept., [ ]  WRITTEN WARNING**

 **Documentation Only)**

**[ ]  DISMISSAL [ ]  INELIGIBLE FOR REHIRE**

**\*See U of A Board Policy 405.6, *Termination of Employment* states: An employee who has been dismissed for cause, as defined in the policy, or who has been designated as not eligible for rehire shall not be eligible for reemployment within any of the University of Arkansas System’s campuses, units or divisions.**

**SECTION 1.**

**Summary of Incident and Unacceptable Behavior/Performance:**

**UAMS and/or Departmental Policies, and Specific Policies or Guideline(s) Violated:**

Click here to enter text.

**Adverse Impact(s) to Department/Organization:**

Click here to enter text.

**Expectations for Future Behavior/Performance:**

Click here to enter text.

**Prior RELATED Disciplinary Actions Taken:**

Click here to enter text.

**Consequences for Future Violations:**

Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  | / |  |
|  | **Supervisor’s Signature SAP #** | **Date** |
|  | / |  |
|  | **Department Head’s Signature SAP #** | **Date** |

**SECTION 2.**

**\_\_\_\_ I have read the above notice and AGREE*.* I understand that the purpose for this warning was accurately and fairly described above.**

**\_\_\_\_ I have read the above notice but DISAGREE. I understand that I have 10 working days (from the date I sign this form) to advance this issue to the grievance process.**

**It is MY responsibility to refer to UAMS Administrative Guide, 4.4.16, Employee Grievance Procedure for guidance on the process if I choose to file a grievance or to seek review of the ineligible for rehire designation.**

|  |  |  |
| --- | --- | --- |
|  | / |  |
|  | Employee Signature | Date |
| **COMMENTS:**  |
|  | / |  |
|  | Signature of Individual Expressing Comments | Date |
|  |  |  |

**SEND WRITTEN & TERMINATION NOTICES TO OHR, EMPLOYEE RELATIONS ~ SLOT 564**

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE:\_\_\_\_\_\_\_\_\_\_\_